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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN SOUTHBRIDGE

LICENSE NUI	MBER: 121800001		
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE NA	AME: PILSUDSKI POL.A	AMER.CITZN.CLUB S	OUTHBRIDGE
DOING BUSI	NESS AS		
ADDRESS: 1	8 BALLARD CT.		
CITY/TOWN	SOUTHBRIDGE	STATE: MA	ZIP CODE: 01550
MANAGER:	OBUCHOWSKI, TY DALE	PE OF LICENSE: Club	CATEGORY: All Alcohol
MAIN BLDG	N OF LICENSED PREMIS HAS TWO FLOORS, FIRS S, PAVILLION HAS THR	ST FLOOR HAS FOUR	R ROOMS, SECOND FLOOR HAS OPEN ALL SIDES
I hereby certify	and swear under penalties	of perjury that:	
1. the	renewed license will be of t	he same type for the same	me premises now licensed;
2. the	licensee has complied with	all laws of the Common	nwealth relating to taxes; and
3. the	premises are now open for l	business (If not explain	below)
SIGNED BY			
	Individual, Partner	or Authorized Corporat	e Officer
			041-72-8935
DATE:	TELEPHONI	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
			(Note: NOT Individual Social Security Number)
<b>Acts of 2004,</b>	signed by the building ins	pector and the head of	ertificate required by Chapter 304 of the fire department for the above nce required by Chapter 116 of the Acts
Please Check	Below:		
APPROVED:			LOCAL LICENSING AUTHORITY
DISAPPROVE			By:
(If disapproved	l explain)		



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN SOUTHBRIDGE

LICENSE NUMBER: 1218000	02				
APPLICATION FOR RENEW	AL:	Annual	I	LICENSED FOR 2013	
	(	CLASS		YEAR	
LICENSEE NAME: 1988 FIV	E STAR CORPOR	RATION			
DOING BUSINESS AS LYND	A'S				
ADDRESS: 037-39 CENTRA	L ST.				
CITY/TOWN SOUTHBRII	OGE S	TATE:	MA	ZIP CODE: 01550	
MANAGER: RAPOSE, STE	VEN TYPE OF L	ICENSE	: Restaurant	CATEGORY: All Alcohol	
DESCRIPTION OF LICENSED PREMISES: ONE FLOOR WITH TWO ROOMS, AND CELLAR FOR STOCK I hereby certify and swear under penalties of perjury that:					
<ol> <li>the renewed license</li> <li>the licensee has com</li> <li>the premises are nov</li> </ol>	plied with all laws	of the Co	mmonwealth		
SIGNED BY Individua	al, Partner or Autho	rized Co	rporate Office	or	
DATE				042-99-2998	
DATE: TE	LEPHONE NUME	BER:		EMPLOYER IDENTIFICATION NUMBER:  EMPLOYER IDENTIFICATION NUMBER:  NOT Individual Social Security Number)	
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.					
Please Check Below:			1.0041	LIGENGING AUTHORITY	
APPROVED:				LICENSING AUTHORITY	
DISAPPROVED: (If disapproved explain)			By:		
· · · · · · · · · · · · · · · · · · ·					



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN SOUTHBRIDGE

LICENSE NUMB	ER: 121800003				
APPLICATION F	OR RENEWAL:	Annual	I	LICENSED FOR 2013	
		CLASS		YEAR	
LICENSEE NAMI	E: HENRY'S CAI	FE OF SOUTHBRID	GE INC.		
DOING BUSINES	SS AS				
ADDRESS: 16 C	ENTRAL STREET	Γ			
CITY/TOWN	SOUTHBRIDGE	STATE:	MA	ZIP CODE: 01550	
MANAGER: K	EYES, JAMES	TYPE OF LICENSI	E: Restaurant	CATEGORY: All Alcohol	
I hereby certify and 1. the rene 2. the lice	CK BLDG, ONE I d swear under pena ewed license will be usee has complied		the same prem		
SIGNED BY	Individual, Par	tner or Authorized Co	orporate Office	ar	
DATE:	TELEPH	HONE NUMBER:		043-25-6296  EMPLOYER IDENTIFICATION NUMBER:  ENOT Individual Social Security Number)	
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.					
APPROVED:  DISAPPROVED: (If disapproved expenses to the content of			LOCAL By:	LICENSING AUTHORITY	

DATE:



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN SOUTHBRIDGE

LICENSE NUM	BER: 121800010				
APPLICATION	FOR RENEWAL:	Annual	LICE	ENSED FOR 2013	
		CLASS		YEAR	
LICENSEE NAM	ME: LEONIDE J. L	EMIRE POST #6055	V.F.W. INC.		
DOING BUSINE	ESS AS				
ADDRESS: 219	EVERETT STREE	Т			
CITY/TOWN	SOUTHBRIDGE	STATE:	MA	ZIP CODE: 01550	
	PROULX, MATTHEW	TYPE OF LICENSE	E: Veterans club	CATEGORY: All Alcohol	
DESCRIPTION ONE FLOOR, S	OF LICENSED PRE EVEN ROOMS	MISES:			
1. the re 2. the lice	censee has complied	Ities of perjury that: e of the same type for with all laws of the Co for business (If not ex	ommonwealth rela		
SIGNED BY	Individual, Par	tner or Authorized Co	rporate Officer		
DATE:	TELEPH	ONE NUMBER:		046-12-6746 OYER IDENTIFICATION NUMBER:  OT Individual Social Security Number)	
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.					
Please Check E APPROVED: [ DISAPPROVED: (If disapproved e	D:		LOCAL LIC By:	CENSING AUTHORITY	



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN SOUTHBRIDGE

LICENSE NUM	MBER: 121800013			
APPLICATION	N FOR RENEWAL:	Annual	I	LICENSED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: SEVENGAITS	LLC		
DOING BUSIN	NESS AS			
ADDRESS: 1	50 CENTRAL STREE	T		
CITY/TOWN	SOUTHBRIDGE	STATE:	MA	ZIP CODE: 01550
MANAGER:	KASPERSON, DEMETRI A.	TYPE OF LICENSI	E: Restaurant	CATEGORY: All Alcohol
DESCRIPTION	N OF LICENSED PRE	MISES:		
	R HAS TWO ROOMS DWNSTAIRS; BASEM			TH BAR AND LOUNGE, ART IMENSIONS 33 X 88
I hereby certify	and swear under penal	Ities of perjury that:		
1. the 1	renewed license will be	of the same type for	the same pren	nises now licensed;
2. the 1	licensee has complied v	with all laws of the C	ommonwealth	relating to taxes; and
3. the <sub>1</sub>	premises are now open	for business (If not e	explain below)	
SIGNED BY	Individual, Part	ner or Authorized Co	orporate Office	er
				651-30-9574
DATE:	TELEPH	ONE NUMBER:	E	EMPLOYER IDENTIFICATION NUMBER:
	TEEST I		(Note	e: NOT Individual Social Security Number)
Acts of 2004,	signed by the building	g inspector and the l	head of the fir	te required by Chapter 304 of the re department for the above uired by Chapter 116 of the Acts
Please Check			1004	LICENCING ALIEUDDEN
APPROVED:				LICENSING AUTHORITY
DISAPPROVE			By:	
(If disapproved	(explain)			



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## **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN SOUTHBRIDGE

MANAGER: CAMERON, TYPE OF LICENSE: Innholder CATEGORY: All Alcohol KIMBERLY  DESCRIPTION OF LICENSED PREMISES: MULTI-LEVEL, MULTI-PURPOSE FACILITY W/ ONE RESTAURANT AND ONE PUB SEPARATED BY COURTYARD BOTH OPEN TO PUBLIC ON DAILY BASIS. ONE BALLROOM, NUMEROUS CONFERENCE/MEETING ROOMS AND 203 HOTEL ROOMS.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  P52-05-1630  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED: LOCAL LICENSING AUTHORITY						
CLASS YEAR  LICENSEE NAME: ARAMARK CORPORATION  DOING BUSINESS AS SOUTHBRIDGE HOTEL & CONFERENCE CENTER  ADDRESS: 14 MECHANIC ST  CITY/TOWN SOUTHBRIDGE STATE: MA ZIP CODE: 01550  MANAGER: CAMERON, TYPE OF LICENSE: Innholder CATEGORY: All Alcohol KIMBERLY  DESCRIPTION OF LICENSED PREMISES:  MULTI-LEVEL, MULTI-PURPOSE FACILITY W/ ONE RESTAURANT AND ONE PUB SEPARATED BY COURTYARD BOTH OPEN TO PUBLIC ON DAILY BASIS. ONE BALLROOM, NUMEROUS CONFERENCE/MEETING ROOMS AND 203 HOTEL ROOMS.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  LOCAL LICENSING AUTHORITY	LICENSE NUM	MBER: 121800019				
LICENSEE NAME: ARAMARK CORPORATION  DOING BUSINESS AS SOUTHBRIDGE HOTEL & CONFERENCE CENTER  ADDRESS: 14 MECHANIC ST  CITY/TOWN SOUTHBRIDGE STATE: MA ZIP CODE: 01550  MANAGER: CAMERON. TYPE OF LICENSE: Innholder CATEGORY: All Alcohol KIMBERLY  DESCRIPTION OF LICENSED PREMISES:  MULTI-LEVEL, MULTI-PURPOSE FACILITY W/ ONE RESTAURANT AND ONE PUB SEPARATED BY COURTYARD BOTH OPEN TO PUBLIC ON DAILY BASIS. ONE BALLROOM, NUMEROUS CONFERENCE/MEETING ROOMS AND 203 HOTEL ROOMS.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  952-05-1630  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  LOCAL LICENSING AUTHORITY	APPLICATION	N FOR RENEWAL:	Annual		LICENSED FOR 2013	
DOING BUSINESS AS SOUTHBRIDGE HOTEL & CONFERENCE CENTER  ADDRESS: 14 MECHANIC ST  CITY/TOWN SOUTHBRIDGE STATE: MA ZIP CODE: 01550  MANAGER: CAMERON, TYPE OF LICENSE: Innholder CATEGORY: All Alcohol KIMBERLY  DESCRIPTION OF LICENSED PREMISES:  MULTI-LEVEL, MULTI-PURPOSE FACILITY W/ ONE RESTAURANT AND ONE PUB SEPARATED BY COURTYARD BOTH OPEN TO PUBLIC ON DAILY BASIS. ONE BALLROOM, NUMEROUS CONFERENCE/MEETING ROOMS AND 203 HOTEL ROOMS.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  LOCAL LICENSING AUTHORITY			CLASS		YEAR	
ADDRESS: 14 MECHANIC ST  CITY/TOWN SOUTHBRIDGE STATE: MA ZIP CODE: 01550  MANAGER: CAMERON, TYPE OF LICENSE: Innholder CATEGORY: All Alcohol KIMBERLY  DESCRIPTION OF LICENSED PREMISES: MULTI-LEVEL, MULTI-PURPOSE FACILITY W/ ONE RESTAURANT AND ONE PUB SEPARATED BY COURTY ARD BOTH OPEN TO PUBLIC ON DAILY BASIS. ONE BALLROOM, NUMEROUS CONFERENCE/MEETING ROOMS AND 203 HOTEL ROOMS.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  P52-05-1630  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED: LOCAL LICENSING AUTHORITY	LICENSEE NA	AME: ARAMARK C	CORPORATION			
ADDRESS: 14 MECHANIC ST  CITY/TOWN SOUTHBRIDGE STATE: MA ZIP CODE: 01550  MANAGER: CAMERON, TYPE OF LICENSE: Innholder CATEGORY: All Alcohol KIMBERLY  DESCRIPTION OF LICENSED PREMISES: MULTI-LEVEL, MULTI-PURPOSE FACILITY W/ ONE RESTAURANT AND ONE PUB SEPARATED BY COURTY ARD BOTH OPEN TO PUBLIC ON DAILY BASIS. ONE BALLROOM, NUMEROUS CONFERENCE/MEETING ROOMS AND 203 HOTEL ROOMS.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  P52-05-1630  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED: LOCAL LICENSING AUTHORITY	DOING BUSIN	NESS AS SOUTHBRI	DGE HOTEL & CO	NFERENCE (	CENTER	
MANAGER: CAMERON, TYPE OF LICENSE: Innholder CATEGORY: All Alcohol KIMBERLY  DESCRIPTION OF LICENSED PREMISES: MULTI-LEVEL, MULTI-PURPOSE FACILITY W/ ONE RESTAURANT AND ONE PUB SEPARATED BY COURTYARD BOTH OPEN TO PUBLIC ON DAILY BASIS. ONE BALLROOM, NUMEROUS CONFERENCE/MEETING ROOMS AND 203 HOTEL ROOMS.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  TELEPHONE NUMBER:  (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:   LOCAL LICENSING AUTHORITY				THE TOE O		
MANAGER: CAMERON, TYPE OF LICENSE: Innholder CATEGORY: All Alcohol KIMBERLY  DESCRIPTION OF LICENSED PREMISES: MULTI-LEVEL, MULTI-PURPOSE FACILITY W/ ONE RESTAURANT AND ONE PUB SEPARATED BY COURTY ARD BOTH OPEN TO PUBLIC ON DAILY BASIS. ONE BALLROOM, NUMEROUS CONFERENCE/MEETING ROOMS AND 203 HOTEL ROOMS.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  TELEPHONE NUMBER:  **Option of the Number of the September 10 of the Commonwealth relating to taxes; and the premises are now open for business (If not explain below)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  **Please Check Below:  APPROVED: **  **LOCAL LICENSING AUTHORITY Department of the Acts of 2010.**  **Description of the Acts of 2010.**  **LOCAL LICENSING AUTHORITY Department of the Acts of 2010.**  **LOCAL LICENSING AUTHORITY Department of the Acts of 2010.**  **LOCAL LICENSING AUTHORITY Department of the Acts of 2010.**  **LOCAL LICENSING AUTHORITY Department of the Acts of 2010.**  **LOCAL LICENSING AUTHORITY Department of the Acts of 2010.**  **LOCAL LICENSING AUTHORITY Department of the Acts of 2010.**  **LOCAL LICENSING AUTHORITY Department of the Acts of 2010.**  **LOCAL LICENSING AUTHORITY Department of the Acts of 2010.**  **LOCAL LICENSING AUTHORITY Department of the Acts of 2010.**  **LOCAL LICENSING AUTHORITY Department of the Acts of 2010.**  **LOCAL LICENSING AUTHORITY Department of the Acts of 2010.**  **LOCAL LICENSING AUTHORITY Department of the Acts of 2010.**  *	ADDRESS. I	+ WLCIMATE DI				
DESCRIPTION OF LICENSED PREMISES:  MULTI-LEVEL, MULTI-PURPOSE FACILITY W/ ONE RESTAURANT AND ONE PUB SEPARATED BY COURTYARD BOTH OPEN TO PUBLIC ON DAILY BASIS. ONE BALLROOM, NUMEROUS CONFERENCE/MEETING ROOMS AND 203 HOTEL ROOMS.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  952-05-1630  DATE:  TELEPHONE NUMBER:  (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:  LOCAL LICENSING AUTHORITY	CITY/TOWN	SOUTHBRIDGE	STATE:	MA	ZIP CODE: 01550	
MULTI-LEVEL, MULTI-PURPOSE FACILITY W/ ONE RESTAURANT AND ONE PUB SEPARATED BY COURTYARD BOTH OPEN TO PUBLIC ON DAILY BASIS. ONE BALLROOM, NUMEROUS CONFERENCE/MEETING ROOMS AND 203 HOTEL ROOMS.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  PS2-05-1630  EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:	MANAGER:		TYPE OF LICENS	E: Innholder	CATEGORY: All Alcohol	
1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  Partner or Authorized Corporate Officer  Telephone Number:  SIGNED BY  Telephone Number:  Signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:  LOCAL LICENSING AUTHORITY	MULTI-LEVE SEPARATED	L, MULTI-PURPOSE BY COURTYARD B	E FACILITY W/ ONE OTH OPEN TO PUE	BLIC ON DAI	LY BASIS. ONE BALLROOM,	
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  952-05-1630  EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:  LOCAL LICENSING AUTHORITY	I hereby certify	and swear under pena	alties of perjury that:			
3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  952-05-1630  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:	1. the 1	renewed license will b	e of the same type for	the same prei	mises now licensed;	
SIGNED BY  Individual, Partner or Authorized Corporate Officer  952-05-1630  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:						
Individual, Partner or Authorized Corporate Officer  DATE:  TELEPHONE NUMBER:  TELEPHONE NUMBER:  EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:  LOCAL LICENSING AUTHORITY	3. the <sub>1</sub>	premises are now oper	n for business (If not e	explain below)		
Individual, Partner or Authorized Corporate Officer  DATE:  TELEPHONE NUMBER:  TELEPHONE NUMBER:  EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:  LOCAL LICENSING AUTHORITY						
DATE:  TELEPHONE NUMBER:  TELEPHONE NUMBER:  (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:  LOCAL LICENSING AUTHORITY	SIGNED BY					
DATE:  TELEPHONE NUMBER:  (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:  LOCAL LICENSING AUTHORITY		Individual, Par	tner or Authorized Co	orporate Offic	er	
Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:  LOCAL LICENSING AUTHORITY	DATE:	TELEPI	HONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER:	
APPROVED: LOCAL LICENSING AUTHORITY	Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts					
ATROVED.		Below:		LOCAL	LICENCING AUTHORITY	
				By:	L LICENSING AUTHURITT	
DISAPPROVED: by: (If disapproved explain)				2,.		



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN SOUTHBRIDGE

DESCRIPTION OF LICENSED PREMISES:  ONE ROOM, STREET LEVEL OF APPROX. 1,156 SQUARE FEET. KITCHEN IN REAR. CELLAR FOR STORAGE.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  O42-86-1482  DATE:  TELEPHONE NUMBER:  EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Numbers)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above								
CLASS YEAR  LICENSEE NAME: SUMMA INC  DOING BUSINESS AS MARIO'S REST & THE RED GARTER PUB  ADDRESS: 52 CENTRAL STREET  CITY/TOWN SOUTHBRIDGE STATE: MA ZIP CODE: 01550  MANAGER: MOYNAGH, RITA TYPE OF LICENSE: Restaurant CATEGORY: All Alco  DESCRIPTION OF LICENSED PREMISES:  ONE ROOM, STREET LEVEL OF APPROX. 1,156 SQUARE FEET. KITCHEN IN REAR. CELLAR  FOR STORAGE.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;  2. the licensee has complied with all laws of the Commonwealth relating to taxes; and  3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMB  (Note: NOT Individual Social Security Numl  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.  Please Check Below:  LOCAL LICENSING AUTHORITY	LICENSE NUMBER: 12	1800021						
DOING BUSINESS AS MARIO'S REST & THE RED GARTER PUB  ADDRESS: 52 CENTRAL STREET  CITY/TOWN SOUTHBRIDGE STATE: MA ZIP CODE: 01550  MANAGER: MOYNAGH, RITA TYPE OF LICENSE: Restaurant CATEGORY: All Alco  DESCRIPTION OF LICENSED PREMISES:  ONE ROOM, STREET LEVEL OF APPROX. 1,156 SQUARE FEET. KITCHEN IN REAR. CELLAR FOR STORAGE.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;  2. the licensee has complied with all laws of the Commonwealth relating to taxes; and  3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  O42-86-1482  EMPLOYER IDENTIFICATION NUMB  (Note: NOT Individual Social Security Numl  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.  Please Check Below:  APPROVED:	APPLICATION FOR RE	ENEWAL:	Annual		LICENSED FOR 2013			
ADDRESS: 52 CENTRAL STREET  CITY/TOWN SOUTHBRIDGE STATE: MA ZIP CODE: 01550  MANAGER: MOYNAGH, RITA TYPE OF LICENSE: Restaurant CATEGORY: All Alco  DESCRIPTION OF LICENSED PREMISES:  ONE ROOM, STREET LEVEL OF APPROX. 1,156 SQUARE FEET. KITCHEN IN REAR. CELLAR  FOR STORAGE.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;  2. the licensee has complied with all laws of the Commonwealth relating to taxes; and  3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  O42-86-1482  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMB (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.  Please Check Below:  LOCAL LICENSING AUTHORITY			CLASS		YEAR			
ADDRESS: 52 CENTRAL STREET  CITY/TOWN SOUTHBRIDGE STATE: MA ZIP CODE: 01550  MANAGER: MOYNAGH, RITA TYPE OF LICENSE: Restaurant CATEGORY: All Alco  DESCRIPTION OF LICENSED PREMISES:  ONE ROOM, STREET LEVEL OF APPROX. 1,156 SQUARE FEET. KITCHEN IN REAR. CELLAR  FOR STORAGE.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  O42-86-1482  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMB (Note: NOT Individual Social Security Numl  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.  Please Check Below:  LOCAL LICENSING AUTHORITY	LICENSEE NAME: SU	JMMA INC						
MANAGER: MOYNAGH, RITA TYPE OF LICENSE: Restaurant CATEGORY: All Alco DESCRIPTION OF LICENSED PREMISES: ONE ROOM, STREET LEVEL OF APPROX. 1,156 SQUARE FEET. KITCHEN IN REAR. CELLAR FOR STORAGE.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  O42-86-1482  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMB. (Note: NOT Individual Social Security Numl  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.  Please Check Below:  APPROVED: LOCAL LICENSING AUTHORITY	DOING BUSINESS AS	MARIO'S REST & TH	E RED GA	ARTER PUB				
MANAGER: MOYNAGH, RITA TYPE OF LICENSE: Restaurant CATEGORY: All Alco DESCRIPTION OF LICENSED PREMISES: ONE ROOM, STREET LEVEL OF APPROX. 1,156 SQUARE FEET. KITCHEN IN REAR. CELLAR FOR STORAGE. I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  O42-86-1482 EMPLOYER IDENTIFICATION NUMB (Note: NOT Individual Social Security Numl)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.  Please Check Below:  APPROVED:   LOCAL LICENSING AUTHORITY	ADDRESS: 52 CENTR	AL STREET						
DESCRIPTION OF LICENSED PREMISES:  ONE ROOM,STREET LEVEL OF APPROX. 1,156 SQUARE FEET. KITCHEN IN REAR. CELLAR FOR STORAGE.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  O42-86-1482  DATE:  TELEPHONE NUMBER:  EMPLOYER IDENTIFICATION NUMB:  (Note: NOT Individual Social Security Numb  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.  Please Check Below:  APPROVED:  LOCAL LICENSING AUTHORITY	CITY/TOWN SOUT	HBRIDGE	STATE:	MA	ZIP CODE: 01550			
ONE ROOM,STREET LEVEL OF APPROX. 1,156 SQUARE FEET. KITCHEN IN REAR. CELLAR FOR STORAGE.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  O42-86-1482  EMPLOYER IDENTIFICATION NUMBER:  EMPLOYER IDENTIFICATION NUMBER:  Note: NOT Individual Social Security Number (Note: NOT) Individual Social Security Number (Social Security Number Social Security Number	MANAGER: MOYNA	AGH, RITA TYPE OF	F LICENSI	E: Restauran	t CATEGORY: All Alcohol			
1. the renewed license will be of the same type for the same premises now licensed;  2. the licensee has complied with all laws of the Commonwealth relating to taxes; and  3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  042-86-1482  DATE:  TELEPHONE NUMBER:  EMPLOYER IDENTIFICATION NUMB. (Note: NOT Individual Social Security Numl  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.  Please Check Below:  APPROVED:  LOCAL LICENSING AUTHORITY	ONE ROOM,STREET L	ONE ROOM,STREET LEVEL OF APPROX. 1,156 SQUARE FEET. KITCHEN IN REAR. CELLAR						
Individual, Partner or Authorized Corporate Officer  O42-86-1482  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: Note: NOT Individual Social Security Numbers (Note: NOT Individual Social Security Numbers)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.  Please Check Below:  APPROVED: LOCAL LICENSING AUTHORITY	<ol> <li>the renewed li</li> <li>the licensee has</li> </ol>	icense will be of the san as complied with all law	ne type for ws of the Co	ommonwealt	h relating to taxes; and			
DATE:  TELEPHONE NUMBER:  EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.  Please Check Below:  APPROVED:  LOCAL LICENSING AUTHORITY		dividual Dartner or Aut	horizad Ca	rnorata Offi	200			
DATE:  TELEPHONE NUMBER:  EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.  Please Check Below:  APPROVED:  LOCAL LICENSING AUTHORITY	1110	iividual, Partner of Aut	norizea Co	rporate Om				
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of to Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.  Please Check Below:  APPROVED:	DATE:	TELEPHONE NUM	MBER:	(Ne	EMPLOYER IDENTIFICATION NUMBER:			
APPROVED: LOCAL LICENSING AUTHORITY	We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts							
(If disapproved explain)	APPROVED: DISAPPROVED:				AL LICENSING AUTHORITY			



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN SOUTHBRIDGE

LICENSE NUMBER: 121800022	2			
APPLICATION FOR RENEWAL	L:	Annual		LICENSED FOR 2013
		CLASS		YEAR
LICENSEE NAME: PANDA G	ARDEN LLC			
DOING BUSINESS AS PANDA	GARDEN			
ADDRESS: 102- MECHANIC S	ST			
CITY/TOWN SOUTHBRIDG	GE S	STATE:	MA	ZIP CODE: 01550
MANAGER: CHIENG,BARR	Y B. TYPE OF	LICENSE	E: Restauran	t CATEGORY: All Alcohol
DESCRIPTION OF LICENSED	PREMISES:			
FOUR ROOMS ON FIRST FLO	OR, CELLAR F	OR STOP	RAGE	
I hereby certify and swear under p	penalties of perju	ıry that:		
1. the renewed license wi	ill be of the same	e type for	the same pre	emises now licensed;
2. the licensee has compl	ied with all laws	of the Co	ommonwealt	h relating to taxes; and
3. the premises are now of	open for business	s (If not e	xplain below	y)
CICNED DV				
SIGNED BY Individual.	Partner or Author	orized Co	rporate Offic	cer
,				
DATE:		DED.		586-56-6989 EMPLOYER IDENTIFICATION NUMBER:
I EL	EPHONE NUM	BEK:	(No	ote: NOT Individual Social Security Number)
				ate required by Chapter 304 of the
Acts of 2004, signed by the buil named license and (2) the certif of 2010.				quired by Chapter 116 of the Acts
Please Check Below:				
APPROVED:				AL LICENSING AUTHORITY
DISAPPROVED:			By:	
(If disapproved explain)				

DATE:



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN SOUTHBRIDGE

LICENSE NUI	MBER: 121800025		
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE NA	AME: K. KITA, INC		
DOING BUSI	NESS AS LAZO'S CAFE		
ADDRESS: 0	005-7 MILL ST.		
CITY/TOWN	SOUTHBRIDGE	STATE: MA	ZIP CODE: 01550
MANAGER:	LAZO, SCOTT S TY	PE OF LICENSE: Rest	caurant CATEGORY: All Alcohol
			EMENT HAS ONE ROOM PLUS
1. the 2. the	and swear under penalties renewed license will be of t licensee has complied with premises are now open for	he same type for the san all laws of the Common	nwealth relating to taxes; and
SIGNED BY	Individual, Partner	or Authorized Corporat	e Officer
DATE:	TELEPHONI		033-48-9863 EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
<b>Acts of 2004,</b>	signed by the building ins	pector and the head of	ertificate required by Chapter 304 of the fire department for the above nee required by Chapter 116 of the Acts
Please Check APPROVED: DISAPPROVE (If disapproved)	ED:		LOCAL LICENSING AUTHORITY By:
· rr	. /		



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN SOUTHBRIDGE

LICENSE NUM	MBER: 121800026			
APPLICATION	N FOR RENEWAL:	Annual		LICENSED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: FRATERNAL	ORDER OF EAGLE	S INC.	
DOING BUSIN	NESS AS			
ADDRESS: 59	9 MILL STREET			
CITY/TOWN	SOUTHBRIDGE	STATE:	MA	ZIP CODE: 01550
MANAGER:	BENOIT, BRUCE E. SR.	TYPE OF LICENS	E: Club	CATEGORY: All Alcohol
DESCRIPTION	N OF LICENSED PRI	EMISES:		
	S,FIRST HAS FOUR O INCLUDE OUTDO		IAS FOU	R ROOMS WITH CELLAR FOR
I hereby certify	and swear under pena	alties of perjury that:		
1. the	renewed license will b	e of the same type for	the same	premises now licensed;
2. the 1	licensee has complied	with all laws of the C	ommonw	ealth relating to taxes; and
3. the <sub>1</sub>	premises are now oper	n for business (If not e	explain be	elow)
SIGNED BY				
	Individual, Par	rtner or Authorized Co	orporate (	Officer
D . TT				041-85-1912
DATE:	TELEPI	HONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER:
				(Note: NOT Individual Social Security Number)
Acts of 2004,	signed by the buildin	g inspector and the	head of t	tificate required by Chapter 304 of the he fire department for the above e required by Chapter 116 of the Acts
Please Check			1.0	OCAL LICENSING AUTHODITY
APPROVED:			EC By	OCAL LICENSING AUTHORITY
DISAPPROVE (If disapproved			Бу	•
TH GISADDIOVEG	(ADIAIII)			



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN SOUTHBRIDGE

LICENSE NUM	BER: 121800027					
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2013			
		CLASS	YEAR			
LICENSEE NAI	ME: I.T.A. INC.					
DOING BUSIN	ESS AS					
ADDRESS: 20	NORTH ST.					
CITY/TOWN	SOUTHBRIDGE	STATE: MA	ZIP CODE: 01550			
	LENTI, UMBERTO TYPE A.	OF LICENSE: R	estaurant CATEGORY: All Alcohol			
	DESCRIPTION OF LICENSED PREMISES: FIRST FLOOR INCLUDES HALL AND KITCHEN, CELLAR FOR STORAGE					
1. the re 2. the li		same type for the laws of the Comn	same premises now licensed; nonwealth relating to taxes; and nin below)			
SIGNED BY	Individual, Partner or	Authorized Corpo	rate Officer			
DATE:	TELEPHONE N	NUMBER:	046-15-1666  EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.						
Please Check I APPROVED: [ DISAPPROVEI (If disapproved of	D:		LOCAL LICENSING AUTHORITY By:			



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN SOUTHBRIDGE

LICENSE NUN	MBER: 121800028			
				LIGENSED FOR 2012
APPLICATION	N FOR RENEWAL:	Annual		LICENSED FOR 2013
centeer n	NE GOVE 665 66	CLASS		YEAR
LICENSEE NA	ME: COHASSE CO	DUNTRY CLUB INC		
DOING BUSIN	NESS AS			
ADDRESS: 42	26 EASTFORD RD			
CITY/TOWN	SOUTHBRIDGE	STATE:	MA	ZIP CODE: 01550
MANAGER:	Mallon, John	TYPE OF LICENSI	E: Club	CATEGORY: All Alcohol
	N OF LICENSED PRE C, LOCKER HOUSE A			
2. the l		with all laws of the C	Commonwea	oremises now licensed; alth relating to taxes; and ow)
SIGNED BY	Individual, Par	tner or Authorized Co	orporate Of	fficer
DATE:	TELEPH	HONE NUMBER:	(	041-18-9280 EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, s	signed by the buildin	g inspector and the l	head of the	ficate required by Chapter 304 of the e fire department for the above required by Chapter 116 of the Acts
Please Check APPROVED: DISAPPROVE (If disapproved)	D:		LOC By:	CAL LICENSING AUTHORITY

DATE:



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN SOUTHBRIDGE

LICENSE NUM	MBER: 121800029		
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE NA	ME: IMPPROVED	ORDER OF REDMEN	NIPMUCK TRIBE
DOING BUSIN	ESS AS		
ADDRESS: 32	28 MAIN ST		
CITY/TOWN	SOUTHBRIDGE	STATE: M	ZIP CODE: 01550
MANAGER:	REYES, JOSE	TYPE OF LICENSE:	Club CATEGORY: All Alcohol
-	OF LICENSED PRE		
2. the li	icensee has complied	* *	e same premises now licensed; monwealth relating to taxes; and lain below)
SIGNED BY	Individual, Par	tner or Authorized Corpo	orate Officer
DATE:	TELEPH	HONE NUMBER:	001-02-9030  EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
<b>Acts of 2004, s</b>	igned by the buildin	g inspector and the hea	ne certificate required by Chapter 304 of the d of the fire department for the above urance required by Chapter 116 of the Acts
Please Check APPROVED: DISAPPROVE (If disapproved	D:		LOCAL LICENSING AUTHORITY By:

DATE:



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN SOUTHBRIDGE

LICENSE NUMBER	1:121800030			
APPLICATION FOR	R RENEWAL:	Annual		LICENSED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	MOLINA GROUP,INC.			
DOING BUSINESS	AS THE LOUNGE			
ADDRESS: 011-17	PLEASANT ST.			
CITY/TOWN SC	OUTHBRIDGE	STATE:	MA	ZIP CODE: 01550
MANAGER: MOI	LINA, JESUS M. TYPE OF	F LICENSI	E: Restauran	t CATEGORY: All Alcohol
	LICENSED PREMISES: FIRST FLOOR,STORAGE	IN BASEN	MENT.PLEC	OGE OF INVENTORY.
<ol> <li>the renew</li> <li>the license</li> </ol>	wear under penalties of per ed license will be of the san ee has complied with all lav ses are now open for busine	ne type for vs of the Co	ommonwealt	h relating to taxes; and
SIGNED BY	Individual, Partner or Aut	horized Co	orporate Offi	cer
DATE:	TELEPHONE NUM	MBER:	(N	204-65-7107 EMPLOYER IDENTIFICATION NUMBER: ote: NOT Individual Social Security Number)
Acts of 2004, signed	l by the building inspector	r and the l	nead of the f	rate required by Chapter 304 of the lire department for the above quired by Chapter 116 of the Acts
APPROVED: DISAPPROVED: [ (If disapproved explain)			LOCA By:	AL LICENSING AUTHORITY

DATE:



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN SOUTHBRIDGE

LICENSE NUN	MBER: 121800031		
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE NA	AME: ARMAND PUB, INC.		
DOING BUSIN	NESS AS WELCOME INN		
ADDRESS: 0°	76-78 PLEASANT ST.		
CITY/TOWN	SOUTHBRIDGE	STATE: MA	ZIP CODE: 01550
MANAGER:	FOURNIER,PATRI TYPE CIA L.	OF LICENSE: Res	taurant CATEGORY: All Alcohol
DESCRIPTION	N OF LICENSED PREMISES	:	
	MS ON FIRST FLOOR,ONE I STORAGE IN CELLAR	ENTRANCE IN MA	AIN ROOM, ONE EXIT IN EACH
I hereby certify	and swear under penalties of	perjury that:	
1. the 1	renewed license will be of the	same type for the sa	me premises now licensed;
2. the l	licensee has complied with all	laws of the Commo	nwealth relating to taxes; and
3. the 1	premises are now open for bus	siness (If not explain	below)
SIGNED BY	Individual, Partner or A	Authorized Corporat	e Officer
			011-26-6122
DATE:	TELEPHONE N	IUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, s	signed by the building inspec	ctor and the head o	ertificate required by Chapter 304 of the f the fire department for the above nce required by Chapter 116 of the Acts
Please Check	Below:		
APPROVED:			LOCAL LICENSING AUTHORITY
DISAPPROVE			By:
(If disapproved	expiain)		



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN SOUTHBRIDGE

LICENSE NUN	MBER: 121800033				
APPLICATION	N FOR RENEWAL:	Annual	LI	CENSED FOR 2013	
		CLASS		YEAR	
LICENSEE NA	ME: DETRIANA C	ORP.			
DOING BUSIN	NESS AS				
ADDRESS: 48	87 WORCESTER ST.				
CITY/TOWN	SOUTHBRIDGE	STATE:	MA	ZIP CODE: 01	550
MANAGER:	Clark, Shawn	TYPE OF LICENSE	: Restaurant	CATEGORY: A	all Alcohol
	N OF LICENSED PRE S ON FIRST FLOOR	EMISES:			
1. the 1 2. the 1	icensee has complied	lities of perjury that: e of the same type for with all laws of the Conformation for business (If not expenses)	ommonwealth re		
SIGNED BY	Individual, Par	tner or Authorized Co	rporate Officer		
				023-36-6253	
DATE:	TELEPH	HONE NUMBER:		PLOYER IDENTIFICATION	
			(Note:	NOT Individual Social Secur	nty Number)
Acts of 2004, s	signed by the buildin	g inspector and the h	ead of the fire	required by Chapter 3 department for the ab- red by Chapter 116 of	ove
Please Check	Below:		LOCALI	LICENSING AUTHOR	ITV
APPROVED: DISAPPROVE			By:	ACENSING AUTHOR	11 1
(If disapproved	explain)				

DATE:



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# **OFF-PREMISESLICENSE RENEWAL APPLICATION**

CITY OR TOWN SOUTHBRIDGE

LICENSE NUMBER: 12	21800034				
APPLICATION FOR RI	ENEWAL:	Annual	LI	CENSED FOR 2013	
		CLASS		YEA	R
LICENSEE NAME: K	HUSHBU,INC.				
DOING BUSINESS AS	QUICK CORNER				
ADDRESS: 67 CENTR	RAL ST.				
CITY/TOWN SOUT	THBRIDGE	STATE:	MA	ZIP CODE:	01550
MANAGER: PATEL	,PLPESH A. TYPE C	OF LICENSI	E: Package Stor	e CATEGORY:	Wine and Malt Regular
DESCRIPTION OF LIC TWO ROOMS PLUS O STORE, ONE IN THE O I hereby certify and swea 1. the renewed I	NE STORAGE ROOM OFFICE AND ONE BI	EHIND THE erjury that:	E STORAGE RO	OOM.	IT OF
2. the licensee h	as complied with all la	nws of the C	ommonwealth re		
SIGNED BY	dividual, Partner or Au	uthorized Co	orporate Officer		
DATE:	TELEPHONE NU	JMBER:		043-41-7711  MPLOYER IDENTIFICATI  MOT Individual Social Se	
Please Check Below: APPROVED: DISAPPROVED:			LOCAL I By:	LICENSING AUTHO	ORITY

DATE:

(If disapproved explain)



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN SOUTHBRIDGE

LICENSE NUMBER: 121800035

APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013

CLASS YEAR

LICENSEE NAME: F.S.D. 24, INC.

DOING BUSINESS AS LIPPE'S PACKAGE STORE

ADDRESS: 200 MECHANIC STREET

CITY/TOWN SOUTHBRIDGE STATE: MA ZIP CODE: 01550

MANAGER: FINNEGAN, TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

JOSEPH P.

#### DESCRIPTION OF LICENSED PREMISES:

### FOUR ROOMS CONSISTING OF THE LIQUOR STORE, THE GROCERY

I hereby certify and swear under penalties of perjury that:

- 1. the renewed license will be of the same type for the same premises now licensed;
- 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
- 3. the premises are now open for business (If not explain below)

SIGNED BY Ind	lividual, Partner or Authorized Corp	porate Officer
DATE:	TELEPHONE NUMBER:	043-51-9360 EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENSING AUTHORITY By:

DATE:



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# OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN SOUTHBRIDGE

	MBER: 121800037				
APPLICATION	I FOR RENEWAL:	Annual	LICI	ENSED FOR 2013 YEA	D
LICENSEE NA	ME: BALAJI,INC.	CLASS		IEA	K
DOING BUSIN	IESS AS THOMAS V	ARIETY CONVENI	IENCE		
ADDRESS: 58	B E MAIN ST				
CITY/TOWN	SOUTHBRIDGE	STATE:	MA	ZIP CODE:	01550
MANAGER:	SWADIA, KRISHNAKANT K.	TYPE OF LICENS	E: Package Store	CATEGORY:	Wine and Malt Regular
	OF LICENSED PRE VARIETY STORE	MISES:			
1. the r 2. the l	and swear under penal enewed license will be icensee has complied v oremises are now open	of the same type for with all laws of the C	ommonwealth rela		
SIGNED BY	Individual, Part	ner or Authorized Co	orporate Officer		
DATE:	TELEPH	ONE NUMBER:		043-57-9415  OYER IDENTIFICATI  OT Individual Social Se	
Please Check APPROVED: DISAPPROVE (If disapproved	D:		LOCAL LIG By:	CENSING AUTHO	PRITY

DATE:



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN SOUTHBRIDGE

LICENSE NUMBER: 121800038	

APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013

CLASS YEAR

LICENSEE NAME: K & D BIG DISCOUNT LIQUORS LLC

DOING BUSINESS AS BIG DISCOUNT LIQUORS

ADDRESS: 425 E MAIN ST

CITY/TOWN SOUTHBRIDGE STATE: MA ZIP CODE: 01550

MANAGER: MAYO, DAVID K. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

#### DESCRIPTION OF LICENSED PREMISES:

### SALES ROOM AND STORAGE AREA ON FIRST AND SECOND FLOOR

I hereby certify and swear under penalties of perjury that:

- 1. the renewed license will be of the same type for the same premises now licensed;
- 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
- 3. the premises are now open for business (If not explain below)

SIGNED BY	ndividual, Partner or Authorized Cor	porate Officer
DATE:	TELEPHONE NUMBER:	651-30-9719  EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain	] )	LOCAL LICENSING AUTHORITY By:

DATE:



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN SOUTHBRIDGE

L	<b>ICENSE</b>	NUMBER:	121800040	)
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APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013

CLASS YEAR

LICENSEE NAME: SUMUKH INC

DOING BUSINESS AS ONE STOP CONVENIENCE STORE

ADDRESS: 769 WORCESTER STREET

CITY/TOWN SOUTHBRIDGE STATE: MA ZIP CODE: 01550

MANAGER: PATEL, SNEHAL A. TYPE OF LICENSE: Package Store CATEGORY: Wine and

Malt Regular

#### **DESCRIPTION OF LICENSED PREMISES:**

APPROX 1300 SF ON FIRST FLOOR WITH AN ENTRANCE IN FRONT AND AN EMERGENCY EXIT IN THE LEFT REAR

I hereby certify and swear under penalties of perjury that:

- 1. the renewed license will be of the same type for the same premises now licensed;
- 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
- 3. the premises are now open for business (If not explain below)

SIGNED BY	Individual, Partner or Authorized Cor	porate Officer
DATE:	TELEPHONE NUMBER:	202-46-2432 EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Please Check Below APPROVED:  DISAPPROVED:  (If disapproved explain		LOCAL LICENSING AUTHORITY By:

DATE:



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# **OFF-PREMISESLICENSE RENEWAL APPLICATION**

CITY OR TOWN SOUTHBRIDGE

LICENSE NUMI	BER: 121800043				
APPLICATION I	FOR RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS	YEAR		
LICENSEE NAM	ME: Jay Pancham, Inc				
DOING BUSINE	SSS AS JIM'S LIQUORS				
ADDRESS: 916	MAIN ST				
CITY/TOWN	SOUTHBRIDGE	STATE: MA	ZIP CODE: 01550		
MANAGER: F	PATEL, GOVIND I. TYPE	OF LICENSE: Pack	kage Store CATEGORY: All Alcohol		
DESCRIPTION OF LICENSED PREMISES: ONE FLOOR STREET LEVEL FOR SALES,BASEMENT FOR STORAGE					
I hereby certify a	nd swear under penalties of	perjury that:			
	newed license will be of the		me premises now licensed;		
2. the lic	ensee has complied with all	laws of the Commor	nwealth relating to taxes; and		
3. the pre	emises are now open for bu	siness (If not explain	below)		
SIGNED BY					
	Individual, Partner or	Authorized Corporate	e Officer		
			121-80-0043		
DATE:	TELEPHONE N	NUMBER:	EMPLOYER IDENTIFICATION NUMBER:		
			(Note: NOT Individual Social Security Number)		
Please Check B	elow:				
APPROVED:			LOCAL LICENSING AUTHORITY		
DISAPPROVED			Ву:		
(If disapproved ex	xplain)				

DATE:



LICENSE NUMBER: 121800045

### The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114

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# **OFF-PREMISESLICENSE RENEWAL APPLICATION**

CITY OR TOWN SOUTHBRIDGE

APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEA	R
LICENSEE NA	ME: BIG BUNNY	MKT,INC.			
DOING BUSIN	NESS AS				
ADDRESS: 94	42 W MAIN ST				
CITY/TOWN	SOUTHBRIDGE	STATE: N	ſА	ZIP CODE: (	01550
MANAGER:	COURNOYER, JONATHAN H.	TYPE OF LICENSE:	Package Store	CATEGORY:	Wine and Malt Regular
	N OF LICENSED PRI SUPERMARKET	EMISES:			
<ol> <li>the r</li> <li>the l</li> </ol>	icensee has complied	alties of perjury that: e of the same type for th with all laws of the Com n for business (If not exp	nmonwealth relating		
SIGNED BY	Individual, Par	tner or Authorized Corp	orate Officer		
DATE:	TELEPI	HONE NUMBER:	EMPLOY	42-83-2244 YER IDENTIFICATION Individual Social Sec	
Please Check APPROVED: DISAPPROVE (If disapproved	D:		LOCAL LICE By:	NSING AUTHO	RITY
DATE:					



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN SOUTHBRIDGE

LICENSE NUMBER	: 121800047			
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	ALEXANDER V. KAM	MIZIREDES		
DOING BUSINESS A	AS GOLDEN GREEK R	RESTAURAI	NT	
ADDRESS: 6 SANI	DERSDALE RD.			
CITY/TOWN SO	UTHBRIDGE	STATE:	MA	ZIP CODE: 01550
MANAGER:	TYPE	OF LICENS	E: Restaurant	CATEGORY: All Alcohol
FIRST FLOOR INCI FOR FOOD PREP A		NING ROOM AR FOR STO		AND ADDITIONAL ROOM ΓENTRANCE TO DINING
<ol> <li>the renewe</li> <li>the license</li> </ol>	wear under penalties of ped license will be of the see has complied with all less are now open for busi	same type for laws of the C	ommonwealth 1	
SIGNED BY	Individual, Partner or A	Authorized Co	orporate Office	r
DATE:	TELEPHONE N	UMBER:		029-32-5328  MPLOYER IDENTIFICATION NUMBER:  : NOT Individual Social Security Number)
Acts of 2004, signed	by the building inspec	tor and the	head of the fire	e required by Chapter 304 of the e department for the above nired by Chapter 116 of the Acts
APPROVED: DISAPPROVED: (If disapproved expla			LOCAL By:	LICENSING AUTHORITY



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN SOUTHBRIDGE

LICEN	ISE	NUI	MB.	ER:	121	8000	48

APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013

CLASS YEAR

LICENSEE NAME: C.G.K. RESTAURANT, INC.

DOING BUSINESS AS

ADDRESS: 55 CENTRAL ST

CITY/TOWN SOUTHBRIDGE STATE: MA ZIP CODE: 01550

MANAGER: KONSTANTAKIS, TYPE OF LICENSE: Package Store CATEGORY: Wine and

SOPHIA Malt Regular

### **DESCRIPTION OF LICENSED PREMISES:**

ONE FLOOR RESTAURANT, 15 TABLES, NO ALCOHOLIC BEVERAGES TO BE CONSUMED ON PREMISES. CARRY OUT ONLY

I hereby certify and swear under penalties of perjury that:

- 1. the renewed license will be of the same type for the same premises now licensed;
- 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
- 3. the premises are now open for business (If not explain below)

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

O43-45-8566

EMPLOYER IDENTIFICATION NUMBER:
(Note: NOT Individual Social Security Number)

Please Check Below:
APPROVED:

DISAPPROVED:

UIf disapproved explain)

DATE:



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# **OFF-PREMISESLICENSE RENEWAL APPLICATION**

CITY OR TOWN SOUTHBRIDGE

LICENSE NUM	IBER: 121800049					
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2013			
		CLASS	YEAR			
LICENSEE NA	ME: WORLD SPIRIT	S, INC.				
DOING BUSIN	ESS AS COLONIAL SI	PIRITS				
ADDRESS: 54	3 MAIN ST					
CITY/TOWN	SOUTHBRIDGE	STATE: MA	ZIP CODE: 01550			
MANAGER:	CHARBONNEAU, T COLLEEN M.	YPE OF LICENSE: Paci	kage Store CATEGORY: All Alcohol			
DESCRIPTION OF LICENSED PREMISES: FOUR ROOMS, ONE STORY BLDG WITH THREE DOORS. FRONT ENTRANCE AND EXIT, SIDE EXIT OVERHEAD DOOR ON LOADING DOCK						
I hereby certify	and swear under penaltie	es of perjury that:				
1. the re	enewed license will be o	f the same type for the sai	me premises now licensed;			
2. the li	icensee has complied wit	th all laws of the Commor	nwealth relating to taxes; and			
3. the p	oremises are now open for	or business (If not explain	below)			
SIGNED BY	Individual Partne	r or Authorized Corporate	e Officer			
	marviduai, i arme	r of Humorized Corporati				
DATE:	TELEPHO!	NE NUMBER:	043-52-7651  EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
Please Check	Below:		LOCAL LICENCING AUTHORITY			
APPROVED:			LOCAL LICENSING AUTHORITY By:			
DISAPPROVE	D:	-	Dy.			

DATE:

(If disapproved explain)



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN SOUTHBRIDGE

LICENSE NUM	/IBER: 121800053						
APPLICATION	N FOR RENEWAL:	Annual	I	LICENSED FOR 2013			
		CLASS		YEAR			
LICENSEE NA	ME: MAQUI,INC.						
DOING BUSIN	IESS AS THE CHEN	EY STEAK HOUSE	RESTAURAN	VT			
ADDRESS: 61	CHESTNUT STREE	ET					
CITY/TOWN	SOUTHBRIDGE	STATE:	MA	ZIP CODE: 01550			
MANAGER:	SANTAZAYAS, NARCISCO	TYPE OF LICENSE	E: Restaurant	CATEGORY: All Alcohol			
	DESCRIPTION OF LICENSED PREMISES: ONE FLOOR, ONE ROOM FOR STORAGE						
1. the r 2. the l	and swear under pena renewed license will be icensee has complied premises are now open	e of the same type for with all laws of the Co	ommonwealth				
SIGNED BY	Individual, Par	tner or Authorized Co	orporate Office	or .			
DATE:	TELEPH	IONE NUMBER:		581-78-8463 EMPLOYER IDENTIFICATION NUMBER:  EXAMPLE: NOT Individual Social Security Number)			
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.							
Please Check APPROVED: DISAPPROVE (If disapproved	D:		LOCAL By:	LICENSING AUTHORITY			



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN SOUTHBRIDGE

LICENSE NUMB	ER: 121800055		
APPLICATION F	OR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE NAM	E: THE TWELV	E CRANE STREET CORF	
DOING BUSINES	SS AS		
ADDRESS: 12 C	RANE ST		
CITY/TOWN	SOUTHBRIDGE	STATE: MA	ZIP CODE: 01550
	IcCARTHY, DHN GABRIEL	TYPE OF LICENSE: Re	staurant CATEGORY: All Alcohol
	F LICENSED PRE	EMISES: 2 FLOORS AND 4 ENTRA	NCES/4 EXITS.
<ol> <li>the rene</li> <li>the lice</li> </ol>	ewed license will bensee has complied	* *	ame premises now licensed; onwealth relating to taxes; and n below)
SIGNED BY	Individual, Par	rtner or Authorized Corpora	ate Officer
DATE:	TELEPI	HONE NUMBER:	210-16-5855  EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, sign	ned by the buildin	g inspector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Be APPROVED:  DISAPPROVED:  (If disapproved ex			LOCAL LICENSING AUTHORITY By:



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN SOUTHBRIDGE

LICENSE NUMB	ER: 121800057						
APPLICATION F	OR RENEWAL:	Annual	L	ICENSED FOR 2013			
		CLASS		YEA	R		
LICENSEE NAM	E: MARIA MOURA	TOGLOU					
DOING BUSINES	SS AS GREAT OAK I	PIZZA					
ADDRESS: 922	WEST MAIN STREE	Т					
CITY/TOWN	SOUTHBRIDGE	STATE:	MA	ZIP CODE:	01550		
MANAGER:	Т	YPE OF LICENSE	: Restaurant	CATEGORY:	Wine and Malt Regular		
	DESCRIPTION OF LICENSED PREMISES: ONE DINING ROOM, ONE KITCHEN, ONE STORAGE ROOM AND TWO BATHROOMS						
<ol> <li>the ren</li> <li>the lice</li> </ol>	d swear under penaltie ewed license will be or ensee has complied wit mises are now open fo	f the same type for the lall laws of the Co	mmonwealth r				
SIGNED BY	Individual, Partne	r or Authorized Cor	porate Officer				
DATE:	TELEPHO!	NE NUMBER:		042-99-8382  MPLOYER IDENTIFICATI  NOT Individual Social Se			
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.							
Please Check Be	elow:		LOCAL	LICENSING AUTHO	RITY		
APPROVED: DISAPPROVED:			By:	LICLISHIO AUTHO	/IXI I		
(If disapproved ex	plain)		-				



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN SOUTHBRIDGE

LICENSE NUMBER: 121800060		
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: LISA ANN KRACH		
DOING BUSINESS AS VIENNA		
ADDRESS: 14 SOUTH ST		
CITY/TOWN SOUTHBRIDGE	STATE: MA	ZIP CODE: 01550
MANAGER: KRACH, LISA ANN TYP	'E OF LICENSE: Restat	urant CATEGORY: Wine and Malt Cordials
DESCRIPTION OF LICENSED PREMISE 3 STORY BUILDING WITH REST LOCA THE SECOND FLOOR.		OR WITH MEETING ROOM ON
I hereby certify and swear under penalties o  1. the renewed license will be of the  2. the licensee has complied with a  3. the premises are now open for but	ne same type for the same all laws of the Commonw	vealth relating to taxes; and
SIGNED BY		
Individual, Partner or	r Authorized Corporate	Officer
DATE: TELEPHONE	NUMBER:	010-75-7043  EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building insponamed license and (2) the certificate of li of 2010.	ector and the head of t	the fire department for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	Lo B	OCAL LICENSING AUTHORITY y:



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### **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN SOUTHBRIDGE

LICENSE NUMBER: 1	21800061				
APPLICATION FOR F	RENEWAL:	Annual	]	LICENSED FOR 2013	
		CLASS		YEA	R
LICENSEE NAME:	SETH A. LOCONT	O			
DOING BUSINESS AS	S MILL STREET E	BREWS			
ADDRESS: 18 MILL		, , , , , , , , , , , , , , , , , , ,			
	211221				
CITY/TOWN SOU	THBRIDGE	STATE:	MA	ZIP CODE:	01550
MANAGER:	TYI	PE OF LICENSI	E: Restaurant	CATEGORY:	Wine and Malt Cordials
DESCRIPTION OF LI	CENSED PREMIS	ES:			
2. the licensee		all laws of the Co	ommonwealth	nises now licensed; relating to taxes; and	
SIGNED BY	ndividual, Partner o	or Authorized Co	orporate Office	er	
				032-60-5484	
DATE:	TELEPHONE	E NUMBER:		EMPLOYER IDENTIFICATI	
			(Not	e: NOT Individual Social Se	curity Number)
Acts of 2004, signed b	y the building insp	pector and the h	nead of the fir	te required by Chapte re department for the a uired by Chapter 116	above
Please Check Below:			LOCAL		ND I/TS /
APPROVED:	1		By:	L LICENSING AUTHO	JK11 Y
DISAPPROVED: (If disapproved explain	) )		23.		
, II	•				



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN SOUTHBRIDGE

LICENSE NUMBER	121800062			
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	Peter Desforge	S		
DOING BUSINESS A	AS 858 Main			
ADDRESS: 858 Mai	n St			
CITY/TOWN SO	UTHBRIDGE	STATE:	MA	ZIP CODE: 01550
MANAGER: Desfe	orges, Peter	TYPE OF LICENSI	E: Restaurant	CATEGORY: All Alcohol
DESCRIPTION OF L three rear exits, two fr		MISES:		
2. the license	d license will be e has complied	e of the same type for with all laws of the Co for business (If not e	ommonwealth r	
SIGNED BY	Individual, Part	tner or Authorized Co	orporate Officer	г
				262-09-1452
DATE:	TELEPH	ONE NUMBER:		MPLOYER IDENTIFICATION NUMBER:  NOT Individual Social Security Number)
Acts of 2004, signed	by the building 2) the certificat :	g inspector and the l	) the certificate nead of the fire nsurance requ	e required by Chapter 304 of the e department for the above hired by Chapter 116 of the Acts  LICENSING AUTHORITY

DATE:



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# **OFF-PREMISESLICENSE RENEWAL APPLICATION**

CITY OR TOWN SOUTHBRIDGE

LICENSE NUMB	ER: 121800063				
APPLICATION F	OR RENEWAL:	Annual	LIC	ENSED FOR 2013	
		CLASS		YEA	R
LICENSEE NAM	E: Reynaldo Nava	arro			
DOING BUSINES	SS AS FAMILY M	ARKET			
ADDRESS: 351		, IKKE I			
ADDRESS. 331	Trailinton 51				
CITY/TOWN	SOUTHBRIDGE	STATE:	MA	ZIP CODE:	01550
MANAGER: N	avarro, Reynaldo	TYPE OF LICENSI	E: Package Store	CATEGORY:	Wine and Malt Regular
DESCRIPTION C	F LICENSED PRE	EMISES:			
		mer entrance is throug	gh front door, eme	rgency exit toward h	back
I hereby certify an	d swear under pena	lties of perjury that:			
		e of the same type for	-		
	_	with all laws of the Co		ating to taxes; and	
3. the pre	mises are now open	for business (If not e	xplain below)		
SIGNED BY	Individual, Par	tner or Authorized Co	orporate Officer		
DATE:	TELEPH	IONE NUMBER:		584-86-3812 LOYER IDENTIFICATE  OT Individual Social Se	
Please Check Be APPROVED:  DISAPPROVED:  (If disapproved ex			LOCAL LI By:	CENSING AUTHO	PRITY

DATE:



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN SOUTHBRIDGE

LICENSE NUMB	ER: 121800064				
APPLICATION F	OR RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS	YEAR		
LICENSEE NAMI	E: Chen's Dynasty	, Inc			
DOING BUSINES	SS AS Dynasty Chi	nese Restaurant			
ADDRESS: 3441	Main St				
CITY/TOWN	SOUTHBRIDGE	STATE: M	IA ZIP CODE: 01550		
MANAGER: CI	nen, Hsiu-Hua	TYPE OF LICENSE:	Restaurant CATEGORY: All Alcohol		
DESCRIPTION OF LICENSED PREMISES: one room with an entrance at the front and two exits at the rear. Approx 2500 sq ft of floor space I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)					
SIGNED BY	Individual, Par	tner or Authorized Corp	orate Officer		
DATE:	TELEPH	IONE NUMBER:	205-31-2058  EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.					
Please Check Be APPROVED: DISAPPROVED: (If disapproved ex			LOCAL LICENSING AUTHORITY By:		



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN SOUTHBRIDGE

LICENSE NUMBER: 121800065	
ADDITION FOR REVENUAL	

APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013

CLASS YEAR

LICENSEE NAME: ESTEBAN A VERAS

DOING BUSINESS AS LOS HERMANOS MINI-MARKET

ADDRESS: 101 CENTRAL STREET

CITY/TOWN SOUTHBRIDGE STATE: MA ZIP CODE: 01550

MANAGER: VERAS, ESTEBAN TYPE OF LICENSE: Package Store CATEGORY: Wine and

A. Malt Regular

#### DESCRIPTION OF LICENSED PREMISES:

CONVENIENCE STORE WITH ONE MAIN ENTRANCE IN FRONT AND WAREHOUSE EXIT DOOR

I hereby certify and swear under penalties of perjury that:

- 1. the renewed license will be of the same type for the same premises now licensed;
- 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
- 3. the premises are now open for business (If not explain below)

SIGNED BY	ndividual, Partner or Authorized Cor	porate Officer
DATE:	TELEPHONE NUMBER:	043-53-1543 EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)	)	LOCAL LICENSING AUTHORITY By:

DATE: